

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012187

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Register's District No. 160 Primary Registration District No. 3030 Registrar's No. 50
FILED APR 3 1963

VS 300
Rev. 4/59

1 0506

2 05002

3

4 0

5 0

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7 0

8 2

9 9148

10 46

11 050

12 91-3

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FESTUS, MO		c. CITY OR TOWN FESTUS, MO	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 19FRISCO FESTUS, MO.		d. STREET ADDRESS (If outside, give location) R, R, 1, FESTUS, MO.	
3. NAME OF DECEASED (Type or print) First KENNETH Middle LEE Last THOMPSON		4. DATE OF DEATH Month 3/ Day 23/63 Year	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/27/47
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) SCHOOL		10b. KIND OF BUSINESS OR INDUSTRY	
11a. BIRTHPLACE (City and state or country) FESTUS, MO.		11b. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME ERNEST H. THOMPSON		13b. MOTHER'S MAIDEN NAME JESSIE MORROW	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, age, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT ERNEST H. THOMPSON		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest due to Electrical Shock. Conditions, if any, which gave rise to above - cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Accidental Electrocution	
20c. TIME OF INJURY Hour 10:20 a.m. 3/23/63 p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Alley		20f. CITY, TOWN, OR LOCATION Festus, Missouri	
21. I attended the deceased from Coroner's View to 10:20 A and last saw her alive on 10:20 A on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) James C. P. Coroner	
22b. ADDRESS Festus, Missouri		22c. DATE SIGNED 3/26/63	
23a. NAME OF CEMETERY OR CREMATORY ROSELAWN MEMORIAL GARD.		23b. LOCATION (City, town, or county) (State) FESTUS, MO	
24. FUNERAL DIRECTOR POLITTE FUNERAL HOMES		25. DATE RECD. BY LOCAL REG. 3-26-63	
26. REGISTRAR'S SIGNATURE Lucy G. Foster			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

APR 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3481

P. O. Address Compton, Ill., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.